

Admission Date \_\_\_\_\_

Room # \_\_\_\_\_

Discharge Date \_\_\_\_\_

2023

**RESURRECTION SUMMER ENROLLMENT FORM**

Resurrection Lutheran Church, 9907 Sappington Rd. St. Louis, MO 63128

Date: \_\_\_\_\_

Fill out this enrollment form and return it to the Early Childhood Office. Please use black ink and fill out the entire form, putting a mark through any lines that don't apply to you.

**CHILD'S** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Circle One... GIRL BOY

**MOTHER'S** Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Mother's Phone #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**FATHER'S** Name: \_\_\_\_\_ Occupation: \_\_\_\_\_

Father's Address: \_\_\_\_\_ Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Father's Phone #: (\_\_\_\_) \_\_\_\_\_ Work #: (\_\_\_\_) \_\_\_\_\_ Place of Business: \_\_\_\_\_

Address: \_\_\_\_\_ Zip \_\_\_\_\_ Work Hours \_\_\_\_\_

**IN CASE OF EMERGENCY AND PARENTS CANNOT BE REACHED, NOTIFY:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Zip \_\_\_\_\_

Phone(\_\_\_\_) \_\_\_\_\_ Relation \_\_\_\_\_

**PERSONS, OTHER THAN THOSE ABOVE, AUTHORIZED TO TAKE CHILD FROM SCHOOL:**

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Who is the child presently living with? \_\_\_\_\_

**Please Complete Back**

Other children in the family: Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_

I understand that in case of an accident or injury to my child, I will be notified immediately. If my child requires emergency medical care, the physician and preferred hospital to be used are as follows:

Child's Doctor: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Serious Illness or Special Concerns: \_\_\_\_\_

What Church does your family attend? \_\_\_\_\_

Denomination: \_\_\_\_\_ Pastor/Priest Name: \_\_\_\_\_

Has your child been baptized? \_\_\_\_\_

How did you hear about Resurrection Early Childhood Program? \_\_\_\_\_

**AGREEMENTS:**

- A. When my child is ill, I understand and agree that my child may not be accepted for care.
- B. When withdrawing my child from enrollment, I understand that a 30 day notice, in writing, must be given to the director and I am responsible for payment of tuition for that 30 days.
- C. I have been informed via "Notice of Parental Responsibility" form of the required health and safety inspections and that the inspection forms are available for review in the Early Childhood Office.
- D. I have been informed that I may request notice at any time of whether there are children currently enrolled in or attending the facility for whom an immunization exemption has been filed.

Parent or Guardian's Signature: \_\_\_\_\_

Please indicate for which day(s) you are enrolling your child.

**12 Week Summer Program (11 Tuesdays, 12 Thursdays)**

**5/30-8/17**

**\*\*No School Tuesday July 4th**

Tuesday: \_\_\_\_\_ (Cost=\$495, divided into 3 payments of \$165)

Thursday: \_\_\_\_\_ (Cost=\$540, divided into 3 payments of \$180)

\*\*1st Payment due at Registration, 2nd payment due June 1, 3rd payment due July 1

NOTE: To attend summer program, child must be currently enrolled or enrolled for the 2023/2024 school year.